



T H E
FREMONT-RIDEOUT
H E A L T H G R O U P

July 31, 1995

Health Policy and Planning Division
Office of Statewide Health Planning and Development
1600 9th Street, Room 400
Sacramento, CA 95814

Dear Sirs:

We have received the draft of the 1994 Report of the California Hospitals Outcomes Project for our review and comment.

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Yuba City, CA 95991
916/751-4010

RIDEOUT MEMORIAL HOSPITAL
726 Fourth Street
Marysville, CA 95901
916/749-4300

FREMONT MEDICAL CENTER
970 Plumas Street
Yuba City, CA 95991
916/751-4000

THE FOUNTAINS
1260 Williams Way
Yuba City, CA 95991
916/751-4888

FREMONT-RIDEOUT FOUNDATION
989 Plumas Street
Yuba City, CA 95991
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FREMONT-RIDEOUT HOME HEALTH
319 G Street
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916/749-4386

VALLEY HOSPICE
319 G Street
Marysville, CA 95901
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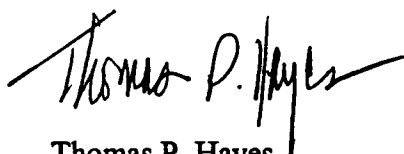
One of the goals of the project, as stated in the cover letter is "to provide publicly available information that objectively compares hospitals according to the quality of their care". It is of great concern that data used for this study, which will not be made public until late in 1995, encompasses hospital discharge data from August 26, 1990 through May 31, 1992! Although we appreciate the difficulties of completing such a comprehensive study using more timely data, we have great concerns that the public will interpret this data as representing the current state of quality care within the facilities, and feel it will be imperative that this be clearly stated in the limitations of the study. Over the last several years, our hospitals have moved from quality assurance to continuous quality improvement; data is assessed on a continual basis and strategies implemented and modified continuously to improve processes and outcomes. Any report focusing on outcomes of patients who were discharged 3 years ago, does not take into account the improved patient outcomes which have been achieved through quality improvement efforts. To illustrate, Rideout Memorial Hospital's observed outcome rate for AMI mortality was 20% during the period reported in the OSPHD study. Care of the MI patient, with specific emphasis on patients receiving thrombolytic therapy has been one of the on-going quality reviews in place at Rideout Memorial Hospital since 1989. In 1993, our facilities joined the National Registry for Myocardial Infarction (NORMI). This has allowed us to compare hospital-specific data to the cumulative data for both California and the Nation. A multi-disciplinary group consisting of ER and ICU nursing staff, and representatives from the medical staff, Pharmacy and Cardiology continues to meet at least quarterly. Our quality improvement efforts have been successful in improving time to treatment and thereby reducing in-hospital mortality and we are confident that our current mortality rate for AMI patients is at or below the threshold established by the Outcomes Project. The data reported by the Outcomes Project however, will not reflect any of these efforts!

Response from Rideout Memorial Hospital

In addition, we have concerns that by "linking serial hospitalizations that comprise a single episode of care", mortality rate can be adversely affected when a patient is transferred for interventional therapy that is not available at the referring facility (such as coronary artery bypass graft surgery or percutaneous transluminal angioplasty which each carry additional risks). Rideout Memorial Hospital performs diagnostic cardiac catheterizations only, but must refer all patients requiring CABG or PCTA to Sacramento area hospitals. Mortalities occurring in those facilities as a complication of interventional therapy would adversely affect mortality data for Rideout Memorial Hospital. Also, it is not completely clear in Volume One, page 7, whether deaths due to unrelated causes, occurring within 30 days of an initial hospitalization for an AMI would factor into the overall mortality rate for AMI's. Certainly, a death attributed to a pre-existing condition, such as cancer, should be excluded from the mortality data for AMI.

Thank you for the opportunity to review the draft of the Outcomes Project and respond with comments which will be printed in the final published report.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas P. Hayes", with a stylized flourish at the end.

Thomas P. Hayes

Chief Executive Officer, Fremont-Rideout Health Group